

MAR 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DunklinRegistration District No. 290File No. 5793Township SalmonPrimary Registration District No. 5408Registered No. 81

City

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Infant5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFInfant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 22, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.620

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Infant9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)East St. Louis

13. NAME

John Williams14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)East St. Louis

15. MAIDEN NAME

Klara Johnson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)East St. Louis17. INFORMANT
(ADDRESS)Maggie Johnson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sevash Cemetery DATE Feb 13 3719. UNDERTAKER
(ADDRESS)McDaniel Funeral Home

20. FILED

Mar 10 1937A. S. McDaniel

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 12 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 7 - 1937 to Feb 11 - 1937I last saw him alive on Feb 11 - 1937 Death is saidto have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Who, specify

(Signed)

Robert E. Martin, M. D.

(Address)

Sevash Missouri

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

107a

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space

1. PLACE OF DEATH

County Hopkinton

Registration District No. 290

Township Salem

Primary Registration District No. 5408

City Salem

(No.)

St. Ward

File No. 5-793

Registered No.

2. FULL NAME Albert E. Williams

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

w

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

Mar. 10

19

A. J. McDaniel

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-37

22. I HEREBY CERTIFY, That I attended deceased from

19 , to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset

No complications

Other contributory causes of importance:

Name of operation 1070 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert E. Martin, M. D.

(Address) Senath, Missouri

S-5793